State of Montana Division of Banking and Financial Institutions P.O. Box 200546 Helena, MT 59620-0546 (406) 841-2920

MONTANA MORTGAGE BROKER OR LENDER SURETY BOND

Principal (Licensee)		Surety				
Licensee Address			Home Off	Home Office Address		
City	State	Zip	City	State	Zip	
			State of D	omicile		
ADMINI	STRATOR: 1	Division of Banki	ng and Financia	l Institutions,	State of Monta	<u>na</u>
BOND N	UMBER: _					
						(name of licenses)
						(name of licensee), (city),
or		(county),	······································	(state) ("principal") an	(eny),
successor T as a mort Mortgage	rs, jointly and he condition of gage lender of Broker, Mor	of this obligation r mortgage brok	n is that principa er and the princ ad Mortgage Loa	l has applied ipal and suret an Originator	for a license or by are bound by Licensing Act	renewal of a license
period be the bond imposed the princi provision any perso obligated each new issued pri	eginning on the is cancelled of by law and rule ipal or any of a of Mont. Co on or entity, in to pay damage applicant as ior to July 1,	e date this instruor released as products together with the principal's a de Ann. or any recluding the States suffered as a of July 1, 2009, 2009). If the pri	iment is execute ovided herein, far all amendatory gents, employed ule adopted there of Montana, do result of the victor contact the Doncipal and its again.	ed and continuithfully performed and supplements, and independent and facue to violation up to Spivision for the gents and emptode	aing for each surprise form all the dution the dution that acts, now endent contract ail to pay all day on of the statute be bond requires bloyees and independent of the statute.	etors shall, during the accessive year or until es and obligations and later enacted. If ors violate any mages suffered by or rules, the surety is (\$50,000 for ment for licenses ependent contractors his obligation shall be

This bond is continuous from the date of execution and may be extended from calendar year to calendar year.

- 1. Any person or entity, including the State of Montana, who sustains injury by reason of any action or omission covered by this bond, in addition to any other remedy that he, she or it may have, may bring an action in his or her own name on this bond for the recovery of damages sustained; provided, however that no such action may be brought after release of the bond.
- 2. The total aggregate liability of the surety shall be limited to \$______ (\$50,000 for new appicants as of July 1, 2009, or contact the Division for the bond requirement for licenses issued prior to July 1, 2009).
- 3. This bond shall be deemed continuous in form and shall remain in full force and effect until the Commissioner of Banking releases the surety from liability or the surety cancels this bond.
- 4. Surety may cancel this bond and be relieved of further liability by giving 30 days written notice to the Department of Administration, Division of Banking and Financial Institutions at P.O. Box 200546, Helena MT 59620-0546, but such cancellation shall not affect any liability incurred or accrued prior to the termination of the notice period.
- 5. If principal and surety, or either of them, is served with notice of any action brought against principal or surety under this bond, written notice of the filing of such action shall be immediately given by principal or surety, as each is served with notice of the action, to the Department of Administration, Division of Banking and Financial Institutions at P.O. Box 200546, Helena MT 59620-0546.

<u> </u>	e effective on	
SIGNED AND SEALED THIS	5 DAY OF	
(Complete one of the following, I	To be completed by licensee: Individual Principal, Partnership or Con	porate Principal, or Other Entities)
INDIVI	DUAL PRINCIPAL (SOLE PROPRIE	ΓORSHIP)
Ву	Typed Name_	
(Affix Seal if available)		
<u>PA</u>)	RTNERSHIP OR CORPORATE PRIN	CIPAL
Ву	Typed Name	
Гitle	Business Name	
Affix Corporate Seal if available) <u>Addr</u>	ess	
OTHE	R ENTITIES (L.L.C., L.P. & L.L.P) PR	INCIPAL
Ву	Typed Name	
Гitle	Business Name	
(Affix Seal if available)		

To be completed by notary: (Complete one of the following, Individual Principal, Partnership, Corporation or Other Entities)

ACKNOWLEDGMENT OF PRINCIPAL (Individual Principal – Sole Proprietor) State of_____)) ss County of______ On this_____day of_______, 20____, before me personally appeared_____ known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same. (Signature of notarial officer) (Seal, if any) (Name - typed, stamped, or printed) Title (and Rank) (Residing at) My commission expires: ACKNOWLEDGMENT OF PRINCIPAL (Partnership) County of_______) On this ____day of _____, 20____, before me personally appeared ______, who acknowledged himself to be one of the partners of ______, a partnership, and that he, as such partner, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the partnership by himself as a partner. (Signature of notarial officer) (Seal, if any) (Name - typed, stamped, or printed) Title (and Rank)

(Residing at)

My commission expires:

ACKNOWLEDGEMENT OF PRINCIPAL (Corporation)

State of)		*
) ss		
County of)		
On this day of	. 20	, before me personally appeared
who acknowledged himself to be the	,	of, a
corporation, and that he, as such		being authorized so to do, executed the foregoing instrument
for the purposes therein contained, by	signing the name	of, a
(6'		
(Signature of notarial officer) (Seal, if any))	
(Sear, II arry)		
(Name - typed, stamped, or p	rinted)	
Title (and Rank)		
(Residing at)		
My commission expires:		
my commission expires.		_
		EDGEMENT OF PRINCIPAL
	(Other Enti	ities – L.L.C, L.P. & L.L.P.)
State of)		
) ss County of)		
County or		
On this day of	. 20	, before me personally appeared
who acknowledged himself to be the	,	
L.L.C or L.LP., and that he, as such_		being authorized so to do, executed the foregoing
instrument for the purposes therein con	ntained, by signi	ing the name of the L.L.C. or L.L.P. by himself
as	·	
(Signature of notarial officer)	<u> </u>	
(Seal, if any)	1	
(Seal, if ally)		
(Name - typed, stamped, or p	rinted)	
Title (and Rank)		
		
(Residing at)		
My commission expires:		_
	To be	completed by surety:
	10 00	completed by surely.
<u>IN</u> DIVI	DUAL, PARTN	NERSHIP OR CORPORATE SURETY
		Typed Name
ByTitle		
(Affix Corporate Seal if available)		Dustition Traine
(
Address		_
Countersigned by		Typed Name

To be completed by notary: (Complete Corporate Officer or Attorney-In-Fact)

ACKNOWLEDGMENT OF SURETY (Corporate Officer)

C C	
State of)	
) ss County of)	
County of)	
On this day of	, 20, before me, a Notary Public in and for said County, personally
opposed	, 20, before the, a rotary rubbe in and for said County, personally
appeared	personally known to me, who being by me duly sworn, did say that he is the of
aforesaid officer of the	
existing under the laws of the State of	that the seal affixed to the foregoing instrument is the
corporate seal of said corporation, that the s	and instrument was signed, sealed and executed in behalf of said corporation by
	ner acknowledges that the said instrument and the execution thereof to be the
voluntary act and deed of said corporation.	
DI HUMBURGO HUMBBROK II	
	subscribed by name and affixed by official seal at
the day and year last above written.	
(C:	
(Signature of notarial officer)	
(Seal, if any)	
OT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Name - typed, stamped, or printed	
T'(1 (1 D 1)	
Title (and Rank)	
(D	
(Residing at)	
My commission expires:	
	CITALONIA ED CAMBATA OF CAMBATANA
A	ACKNOWLEDGMENT OF SURETY
State of)	(Attorney-In-Fact)
· · · · · · · · · · · · · · · · · · ·	
) ss County of)	
County of)	
0.4.	20 1
	, 20, before me personally appeared,
	person whose name is subscribed as attorney in fact
	knowledged that he executed the same as the act of his principal for the purpose
therein contained.	
DI WIENEGG WHEDEGE 11	1 1 00 1 00 1 1
	cribed my name and affixed my official seal at, the
day and year last above written.	
(C'	
(Signature of notarial officer)	
(Seal, if any)	
(Name - typed, stamped, or printed	
Title (and Rank)	
	
(Residing at)	
My commission expires:	

Note: A true and correct copy of the applicable "Power of Attorney" must be attached hereto where the Bond is subscribed to by an "Attorney in Fact".